

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107009259**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15		14		1		
16		15		1		
17		16		1		
18		17		1		
19	1		1			
20		1		1		
21		2		1		
22		3		1		
23		4		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	27	↓		↓
TOTAL CLAIMS			29			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS